

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE
ATHLETE AGENT

DOPL-AP-104 REV 09/01/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit evidence of the educational background, formal training and practical experience you have received as an athletic agent.
2. Submit reference letters from three (3) individuals not related to the applicant.
3. Submit the Names, Sport and last-known team of each individual for whom you have acted as an Athletic Agent during the last 5 years.
4. Submit the names and addresses of all persons who are:

- ❑ with respect to the applicant's athletic agent business if not a corporation, the partners, members, officers, managers, associates or profit sharers of the business; and
- ❑ with respect to a corporation employing the athletic agent, the officers, directors, and any shareholder of the corporation having an interest of 5% or greater.

7. Submit the \$ 500.00 non-refundable application processing fee for a license.

Additional Important Information:

1. **Law and Rules: Applicable** laws and rules are available on the Internet at www.dopl.utah.gov. You may also purchase them for a fee from Experior at the address and telephone number below.

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing Profession Licensing Act
- ❑ Athletic Agents Practice Act
- ❑ Athletic Agents Practice Act Rules

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6628

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number:

(801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: Athletic Agent

Business Legal Name: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Federal Employer Identification Number: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS PRINCIPLE PLACE OF BUSINESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone:_(____)_____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____ Athletic Agent License

LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held in the athletic agent profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

BUSINESS ENTITY TYPE:

_____ C Corporation

_____ S Corporation

Utah Corporation No.: _____

Date of Incorporation: ____/____/____

_____ General Partnership

_____ Limited Partnership

Date of Partnership Agreement: _____

_____ Sole Proprietorship

_____ Limited Liability Company

Number: _____ Date Filed: _____

_____ Other Type of Business: _____

IF THE APPLICANT IS OTHER THAN AN INDIVIDUAL:

List the name of each field agent and complete the applicable information:

Field Agent : _____

A. Formal Training:

B. Practical Experience:

C. Educational Background Relating to Athletic Agent Activities:

Field Agent : _____

A. Formal Training:

B. Practical Experience:

C. Educational Background Relating to Athletic Agent Activities:

Field Agent : _____

A. Formal Training:

B. Practical Experience:

C. Educational Background Relating to Athletic Agent Activities:

Field Agent : _____

A. Formal Training:

B. Practical Experience:

C. Educational Background Relating to Athletic Agent Activities:

Field Agent : _____

A. Formal Training:

B. Practical Experience:

C. Educational Background Relating to Athletic Agent Activities:

REFERENCES:

List the names and addresses of three(3) references:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

PROFESSIONAL SERVICES:

List the name, sport and last known team for each individual for whom the applicant acted as an athletic agent during the five years preceding the date of this application;

Name: _____

____Sport: _____
____Last Team Played
For: _____

Name: _____
____Sport: _____
____Last Team Played
For: _____

Name: _____
____Sport: _____
____Last Team Played
For: _____

Name: _____
____Sport: _____
____Last Team Played
For: _____

Name: _____
____Sport: _____
____Last Team Played
For: _____

Use additional sheets if Necessary.

IDENTIFYING INFORMATION FOR BUSINESS ENTITY TYPE:

Supply the identifying information below for all corporate officers, directors, registered agents, and shareholders of a corporation; all partners of a partnership; the sole proprietor of a sole proprietorship; all persons who have an ownership or management responsibility for a limited liability company or other type of business form. Ownership must total 100%. Use additional sheets if necessary.

Full Name: _____

Soc. Sec. No.: _____ Date of Birth: _____

Position Title: _____ Percent Owned: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Full Name: _____

Soc. Sec. No.: _____ Date of Birth: _____

Position Title: _____ Percent Owned: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Full Name: _____

Soc. Sec. No.: _____ Date of Birth: _____

Position Title: _____ Percent Owned: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Full Name: _____

Soc. Sec. No.: _____ Date of Birth: _____

Position Title: _____ Percent Owned: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. _____ Have you or any officer, director or shareholder ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you or any officer, director or shareholder ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
3. _____ Have you or any officer, director or shareholder ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you or any officer, director or shareholder by any professional licensing agency or criminal or administrative jurisdiction?
4. _____ Are you or any officer, director or shareholder currently under investigation or is any disciplinary action pending against you or any officer, director or shareholder now by any professional licensing agency?
5. _____ Have you or any officer, director or shareholder been arrested for or charged with a misdemeanor or felony charge in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
6. _____ Have you or any officer, director or shareholder ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer "yes" to question 5 or 6 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

7. _____ Have you or any officer, director or shareholder ever been sanctioned, suspended or declared ineligible to participate in an interscholastic or intercollegiate athletic event?

If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the State of Utah as a _____

I am/have been licensed in your State under the name _____

My Social Security Number is _____

My Date of Birth is _____

My license number in your State is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please elaborate _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, From What State: _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)